Attorney Name

Special Assistant Attorney General Montana Department of Corrections 5 South Last Chance Gulch Street Post Office Box 201301 Helena, MT 59620-1301 (406) 444-3930 - Telephone (406) 444-4920 - Facsimile Attorney Name

ATTORNEY FOR THE STATE

MONTANA Attorney Name JUDICIAL DISTRICT YOUTH COURT, Attorney Name COUNTY

MONTANA DEPARTMENT OF CORRECTIONS, Petitioner,	CAUSE NO. Cause #
and	PETITION FOR INCOME WITHHOLDING ORDER
Respondent Name,	
Respondent.	

COMES NOW Special Assistant Attorney General Attorney Name and respectfully shows as follows:

1. An Order for Cost-of-Care Contribution was entered in District # Judicial District Court Cause No. Cause # (the "Order"). Pursuant to the Order, Click here to enter text. was to pay Dollar Amount(\$Numeral Dollar Amount) per month to accrue at

In the Matter of MT Dept. of
Corrections and [insert parent's names]
Petition for Income Withholding Order

Cause No.

the rate of \$ Numeral Dollar Amount per day, towards the cost of care of Click here to enter text. Click here to enter text. while Click here to enter text. was in a Youth Court placement. The amount ordered began to accrue on Click here to enter a date.. A copy of the Order is attached as Exhibit A.

- 2. The Order states as follows. "Should the above-ordered cost-of-care contribution by the parent/guardian become delinquent, an income withholding order shall be issued and enforced." Order, p.Click here to enter text., ¶Click here to enter text..
- 3. The Affidavit of RPA's Name, Department of Corrections ("DOC") Regional Program Administrator, is attached in support of this Petition and outlines all efforts made to collect Click here to enter text.'s cost-of-care contributions under the Order. Said Affidavit demonstrates that a delinquency income withholding order is necessary in this instance.

DOC respectfully moves the Court for an income withholding order to garnish Click here to enter text.'s wages at the rate of \$ Numeral Dollar Amount per month, not to exceed 50% of his disposable earnings per month. The basis for this 50% garnishment is contained in Mont. Code Ann. § 25-13-614(4):

DATED this _____ day of Click here to enter a date. .

Attorney Name
Special Assistant Attorney General

In the Matter of MT Dept. of Corrections and [insert parent's names] Petition for Income Withholding Order

Cause No.